	COMPLETE THIS SECTION ON DELIVERY Filed 03/24/2004 Page 1 of
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mallpiece, or on the front if space permits. 1. Article Addressed to: Todd B. G. BBS A 382-781 Ross Covr. Inst.	A. Signature/ Addressee B. Received by Printed Name C. Date of Delivery 1
P.O. Box 7010 Chillicothe, UH. 45601	3. Service Type Description Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
Chr.	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7002	O&60 0000 1408 6510
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-0835

Permit No. G-10

• Sender: Please print your name address, and ZIP+4 in this box •

OFFICE OF THE CLEAK UNITED STATES DISTRICT COURT COURSES DETEICT OF OHIO 190 E. PAPTH STREET, RM 8324 CINCINNATI, OHIO 45202 OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE \$100

1:01cu 838 #16+17

4819